

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1334
250
State File No.
Registrar's No.

FILED FEB 11 1942

Registration District No. 397

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2905 Oakley St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Zilpha E. McKinney

3. (b) If veteran, name war. 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles W. McKinney 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July 17 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Same

12. Name Henry Moore

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Barber

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles W. McKinney

(b) Address 2905 Oakley St.

17. (a) Burial (b) Date thereof 1 / 20 / 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Rose & Henderson

(b) Address 15th & Jackson St.

19. (a) 1-19-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 8
(d) Street No. 2905 Oakley St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 1942 to 1942
that I last saw him at home and that he died on the date and hour stated above
Immediate cause of death Chronic myocardial infarction
Duration

Acute pulmonary edema
Due to
hypertrophy of the heart
Chronic myocardial infarction
Chronic coronary occlusion
Chronic coronary occlusion
Physician
Of operations

Underline the cause to which death should be charged statistically.
Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify if of place) Means of injury
23. Signature M. M. Brown (M. D. or other)
Address 15th & Jackson St. Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.